DATE REC'D BY LOCAL REGISTRAR

MARYLAND ST	ATE DEPARTMEN	T OF HEALTH—BALTIMORE	E, 18 09702
9695	CERTIFICATI	E OF DEATH Re	eg. Dist. No. 176
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF D	ECEASED:
COUNTY Dorchester	MARYLAND	STATE Maryland COUNTY	Dorchester
CITY (If outside corporate limits, write R OR and give nearest town) TOWN Cambridge		CITY(If outside corporate limits, write) OR TOWN Cambridge	RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Man	ryland Hospital	STREET (If rural give ADDRESS Hughlett	location)
3. NAME OF (First) DECEASED: (Type or Print) Nancy Ellen W		(Last) 4. DATE (Month OF DEATH:	(Day) (Year) 10 12 19 55
female 6. COLOR OR 7. SINGLE. WIDOWE (Specify)	DIVORCED	1 25, 1005 (U yrs.)	onths Days Hours Min.
work done during most of working life, even if setanstress	or industry: Shirt Factory	11. BIRTHPLACE (State or foreign country Lakesville, Maryland.	y): 12. CITIZEN OF WHAT COUNTRY? USA
3. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Henry Willey		Sarah E. Wroten	
(Yes, no, or unk.) (If Yes, give war or dates of service)	NOT KNOWN	Mrs. Charles Whaples, Hu	bridge, Md.
	IS. MEDICAL CERTIFICAT	The state of the s	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	2111.00	as Dial Infaration	Obser and Death
IMMEDIATE CAUSE	OUE TO	bound to be a series	repunded
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B) artico-s	chronix beneralized	55181
STATING UNDERLYING CAUSE LAST.	(c) Slight	is melitus	5518 t
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DI	THE Demi	plegia; Rt.	2 thes
19a. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, face INJURY street office bldg.,	tory. 21c. WHERE DID (City or town) etc. INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended th	e deceased from ./- 28	, 19.55, to 10-12, 1957, the	at I last saw the deceased
		ADDRESS	
23. BURIAL, CREMATION, DATE THEREORY BURIAL (SPECIFY) 10/15/9		ery or crematory Location (City, Memorial Park Cambrid	town, or county) (State) lge, Maryland.
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

24. FUNERAL DIRECTOR ADDRESS Le Compte Funeral Service, Cambridge, Md.

DECENAED

BUREAU V. S.

961 88 1962

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9775 CERTIFICATE OF DEATH

Reg. Dist. No. 7/2

y.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
legibly	COUNTY bochesier MARYLAND	STATE Mary Land COUNTY Car	oline
and le	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this place)	CITY(If outside corporate limits, write RURAL a OR TOWN	
clearly	HOSPITAL OR INSTITUTION OR ZES Tem Shore State Hopital	STREET (If rural give location) ADDRESS	05 x.2
death cl	OECEASED: Frederick Herman Be	anchamps OF DEATH: 10 -	8 (Year) 19 5 5
of		-11-18/5 80 yrs.	ays Hours Mln.
causes	Work done during most of working life, even if retired): WORKIND OF BUSINESS OR INDUSTRY: Farmer	maryland.	CITIZEN OF WHAT
e the	13. FATHER'S NAME: Beauchamf.	14. MOTHER'S MAIDEN NAME: Belie Sullivan	
writ	(Yes, no, or unk.) (If Yes, give war or dates of service) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO.	Sectem Fire State Hoop	ital record.
136			
olea	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATHO	TION	INTERVAL BETWEEN
- Juneal	1171		
872	IMMEDIATE CAUSE (A)	enoscerotre Hearl a ineu	1 yn t
sician	ANTECEDENT CAUSE (S)		
sic			
Phys	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	21 . 1 2 - 2 .	10 11 +
نب	(c) Chero	elized delesiones	1090
ortant	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	0	
od	DISEASE OR CONDITION CAUSING DEATH.	Al	
/ im	hone is mader findings of operation		YES NO NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1) EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count injury occur?	(State)
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
9	22. I hereby certify that I attended the deceased from 9-	-271955 to 10-5, 1955 that I last	saw the deceased
80	alive on		
	signature	ADDRESS DAT	E SIGNED
correct		1.0. Cembrites, led.	10-8-55
OL		ERY OR CREMATORY LOCATION (City, town, or	county) (State)
0	REMOVAL (SPECIFY) October 12 1955 Hiel Crest (ametery Federalsburg, I	rangi rud
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1. 1. 12 1955	J. Y. Frampton & Son, Federal	sburg 16.
		V //	11

BUREAU V. S.

9361 81 136

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SE WRITE	Decidally ampound
EA	ST DAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE DEATH No. /16 2. USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATH: Dorchester Maryland Dorchester COUNTY MARYLAND COUNTY LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL OR and give nearest bowlege 7(in this place) Bishops Head TOWN STREET (If rural, give location) INSTITUTION OR Cambridge-Maryland Hospital ADDRESS Rural 3. NAME OF DECEASED: (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) Bramble Perry Wesley Oct. 31,1955 (Type or Print) DEATH 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. 6. COLOR OR WIDOWED, DIVORCED, (Specify): Married Months Male Feb. 2.1871 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: even if retired): Retired Waterman self employed COUNTRY? Bishops Head U.S. 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: George D. Bramble Mary E. Moore 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of Mrs.J. Naamon Mills, Bishops Head, Md. none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH 420.1 Coronary Occlusion Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Fracture left Femur davs DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Pinning Yes | No 10 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) OF street, office bldg., etc., INJURY Bishoos Head D. 21f. How DID INJURY OCCUR? Dorchaster Md 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Not while, While at Hell in his home. at work work [22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause . CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED SIGNATURE VOI 2155 (State)

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION, REMOVAL (Specify) : Nov. 2,1955 Robinson Family Cemetery Bishops Head, Md. REGISTRAR'S SIGNATURE ADDRESS Kenneth R. Thomas, Cambridge, Md.

DON' 4' 1955

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply of the concision in provided the providence of the concision	41	ly th
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LEASE		M
		EASE

VS. A15A - 5 - 53

9706
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09705 Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 11
MINDICIA	ASSESSED TO	OMITE TOTAL	<u> </u>	A	110. 2.4

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY D orchester MARYLAND	STATE Maryland county Dorchester
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hurlock—Rural LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town OR TOWN Hurlock— Rural
HOSPITAL OR INSTITUTION OR Hurlock, Md. R. F. D.	STREET ADDRESSHIPLOCK, Md. R. F. D.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) C (Scil Crawf)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH October 17 155
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED, 8. DATI	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HE 10,1901 54 yrs. Months Days Hours Min.
work done during most of work life,	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WILL COUNTRY? U. S. A.
13. FATHER'S NAME: Tactery- Phillips Co.	14. MOTHER'S MAIDEN NAME:
Daniel C rawford	Mary Judie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS: Mrs. Cecil Crawford, Hurlock, Md. R. F. D
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) Out To Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Stating underlying cause last	TINTERVAL BETWEE ONSET AND DEAT S MILE.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ Now
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF street, office bldg., etc. INJURY	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while in Jury Mr. work \(\begin{array}{cccccccccccccccccccccccccccccccccccc	21f. HOW DID INJURY OCCUR?
find that death resulted from: Natural causes Accid	dent [], Suicide [], Homicide [], Undetermined cause [] CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
REMOVAL (Specify): Oct. 22,1955 Washington Cer	AY OR CREMATORY LOCATION (City, town, or county) (State) Metery Hurlock, Md.
DATE HEC'D BY LOCAL RECISTRAR'S SIGNATURE /	
DATE HEC'D BY LOCAL ARCOSTRAR'S SIGNATURE 1	J. J. Framptom and Son, Federalsburg, Md.

000 0100 0100

12. 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physician.

TO HOSPITAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,

TO FORMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,

TO FORMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,

TO FORMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,

TO FORMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,

TO FORMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

TO FORMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

TO FORMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

TO FORMAL DIRECTOR: After this certificate has been signed by the attending physician and physician attending physician atte

05066

DUPLICATE GOPY

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH O. COUNTY DOI	rchester		MARYL		USUAL RESIDENCE. STATE	yland	Table 3	lived. If institut b. COUNTY	_	heste	
b. CITY OR TOWN (II RURAL ond give ne Rural Car		ts, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOW			ote limits, write l	RURAL and	give nearest	town)
	AL (If not in hospital, g	ive street (oddress)		d. STREET ADDR	ESS	Califo	TTARA			S RESIDENCE ON A FARM? ES NO NO
3. NAME OF	Fir	s.t	Middle		Lost		. DATE	Mod	a th	Day	Yeor
DECEASED (Type or print)	ROLAN	D			DAIL		OF DEATH	Octobe	er	3	19 55
5. SEX Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIED		arch 7.	1880		9. AGE (In years lost birthdoy) 66 yrs.		Days H	UNDER 24 HRS.
10a. USUAL OCCUPATIO	N (Give kind of work	lone 10b.					foreign co			TIZEN OF W	VHAT COUNTRY
Self-Em	ing life, even if refired		Farmer		R.F.D.	Caml	oridg			U.S.A	16
				- "	. MOTHER'S MAI						
William 15. WAS DECEASED EVER	m H. Dail	ccco la		17. INFOR	Mary :	I. Ke	eyes				
	If yes, give war or dates of s		SOCIAL SECURITY NO.		Elizab		E. Da		ridge		vland
Conditions, if or gove rise to in couse (a), stoting t lying couse lost.	nmediate but TO	Ca	Acuto M	LC CL	Jenson Aires	TERMINA	tat	CONDITION GI	VEN IN PAR	30	AND DEATH
<u> </u>										P	ERFORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. DE30	CRIBE HOW INJURY OCC	LUKKED. (Er	iter nature of inju	ury in For	TI OF PORT	II or item 18.)			
20c. TIME OF INJURY Hour a. jr. p. m.	Y Month, Day, Yeo	While at work	Not while	0e. PLACE (foctory,	OF INJURY (Home street, office bldg	g., etc.)	20f. (City	or town)	(0	County)	(Stote)
actual signature	grantended the	12	, and that d	leath occ	Locus	AD	DRESS (Str		and an tl	he date :	DATE SIGNE
220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	10/5/55	F	22c. NAME OF CEMET			22	R F	ON (City, town,			(Stote)
23. FUNERAL DIRECTOR: LeCompte F	s signature Funeral Ser	vice	ADDRESS Cambridge		240	4	PIL A	AR 24b. REGI	STRAP'S SIC		we M

MAN ARRIVED THE		CERTIFICA	
			THE RESERVE OF
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		11.0-00	ANGEL - Ja
	Che il Saffi		

OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

Supply every item of information earefully. The

A15-VS.

09707 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9777 CERTIFICATE OF DEATH

Rog	Diet	No	

I. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEAS	SED:
COUNTY Dorchester MAI	RYLAND	STATE Md.	COUNTY DO	rchester
CITY (If outside corporate limits, write RURAL, LE			orporate limits, write RURA	
X TOWN rural Cambridge	(in this place)	TOWN Cam	bridge, Md.	13
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State		STREET ADDRESS	(If rural give location	on)
3. NAME OF (First) (Middle) DECEASED:)	Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) WADE HAMPT		LIN	DEATH: Oct. 1	1955
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED WIDOWED, DIVOR (Specify): single	CED	OF BIRTH: 9	AGE last birthday Months Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life,	F BUSINESS	11. BIRTHPLACE (S	tate or foreign country): 1	COUNTRY?
Watchman 13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	U.S.
		Augie Edgar		
Christopher Fallin 15. Was Deceased Even In U.S. ARMED FORCES1 16. SOCIAL	SECURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give war or dates no no no no no no		Eastern Sho	re State Hospita	l records
	CAL CERTIFICAT			INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH			ONSET AND DEAT
MATERIAL CAUSE (A)	General art	eriosclerosis		
ANTECEDENT CAUSE (S)				
DISEASES OR CONDITIONS, IF ANY, (B)		90.		
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.				
(C)	INC.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PS		h Cerebral ar	teriosclerosis	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS				20. AUTOPSY?
0				YES NO
	(Home, farm, fact street, office bldg.,			ounty) (State)
OF INJURY M. Hour) (Day) (Year) (Hour) 21E INJ While at work	Not while at work	21F. HOW DID IN	NURY OCCUR?	
22. I hereby certify that I attended the decease	ed from Sept.	8. , 1955 to0.c	t11, 19.55 that I l	ast saw the decease
alive on Oct. 11, 1955, and that des	ath occurred at	9:37aM, from the ADDRESS	e causes and on the da	te stated above.
The Told	M.	D. E.S. S.H.	Cambridge Md	10/11/55
23 OURIAL, CREMATION, DATE THEREO	PANE OF CEMETE	RY OR CREMATORY	Cambridge Md	(State
DATE REC'D BY LOCAL REGISTRAR'S SIGNAT	GRE 1/1	24 FUNERAL DI	RESTOR	ADDRESS

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DECENAED

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Re	g. "I	Jist.	

MEDICAL E	TATE DEPART			,		No
1. PLACE OF DEATH:		S CLI		ICE (HOME) OF DEC		No
COUNTY Dorchester		ARYLAND		land county		
CITY (If outside corporate limit	s. write RURAL LE	NGTH OF STAY		corporate limits write		give nearest town)
OR and give nearest town)		(In this piece)	OR			19x-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easter	n Shore State	Hospital	STREET ADDRESS	(If rural, g	rive iocation)	
3. NAME OF (First) DECEASED: (Type or Print) Emma	(Middle	2)	(Last)	4. DATE (MCOF DEATH OC	onth) (Day)	(Year)
5. SEX: 6. COLOR OR RACE: White	7. SINGLE, MARRI WIDOWED, DIV (Specify): Sin	ORCED.	E OF BIRTH:	9. AGE last birthday:	Months Da	
10a. USUAL OCCUPATION (Give work done during most of even if retired): Labore:	e kind of 10b. KIND work life, INDUS	OF BUSINESS C		E (State or foreign c	ountry): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:			14. MOTHER'S MA	IDEN NAME:		
William J. Gibbons			Martha Daug	hterty		
15. WAS DECEASED EVER IN U.S. AR (Yes, no, or unk.) (If Yes, give war	MED FORCES? 16. SOCIAL	SECURITY No.:	17. INFORMANT &			
no service) _	_		Eastern Shore	e State Hospi	tal Reco	rds
I. DISEASES OR CONDITIONS D		DEATH:	AL CERTIFICATION			ONSET AND DEATH
Antecedent cause(s)						
Diseases or conditions, if any, giving rise to the above cause		************************		· · · · · · · · · · · · · · · · · · ·		
stating underlying cause last	(c)					
IL OTHER SIGNIFICANT CONDI TO THE DEATH BUT NOT DISEASE OR CONDITION CA	TIONS CONTRIBUTING RELATED TO THE					
19a. DATE OF OPERATION: 19			Real Bass			20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	G D 21b. PLACE (Ho OF stree INJURY	me, farm, factor et, office bidg., etc			ty)	(State)
21d. TIME (Month) (Day) (Year OF INJURY		Y OCCURRED Not while at work	21f. HOW DID	INJURY OCCUR?		
22. I hereby certify that I	took charge of the	remains descri	bed above, held a	n Autopsy 💢 , Ins	pection I,	Inquiry [], and
find that death resulted	from: Natural car		dent [], Suicide CHIEI DEPU M. D. ASSIS	☐, Homicide ☐ F MEDICAL EXAMI TY MEDICAL EXAM TANT MEDICAL EX	, Undeterment	DATE SIGNED
23. BURIAL, CREMATION, DARREMOVAL (Specify):			ry or crematory re State Ho	LOCATION (City		inty) (State)
	GISTRAR'S SIGNATUR		I OF THE PROPERTY AND THE	runeral Se		ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

OCL 12 1982 DECEMENT

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg.	Dist.	No.	11.6
Tece.	L/ ISC.	740.	-1-1-1

9739 CERTIFICATI	G OF DEATH Reg. Dist.	No. //.6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
county Dorchester MARYLAND	STATE Maryland County Dorch	necton
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL as	na give nearest town
OR and give nearest town) (In this place)	OR TOWN	~
XTOWN Cambridge R.F.D.1 46 years	STREET (If rural give location)	
INSTITUTION OR	ADDRESS (II rural give location)	
STREET ADDRESS R.F.D.1	R.F.D.1	
	(Last) 4. DATE (Month) (E	(Year)
(Type or Print) William Frederick H	oge DEATH: Oct. / 19	955 19
	OF BIRTH: 9. AGE last birthday ir uncer i vi	
RACE: WIDOWED, DIVORCED,	Months D	
	19.1376 79 yrs.	- 12
OA. USUAL OCCUPATION (Give kind of or No. KIND OF BUSIÑESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired) Retired Farmer self employed	Lake Minnisoto Minn	U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	Valle
William F. Hoge	Eliza Fischer	
(Yes. no. or unk.) (If Yes. give war or dates	17. INFORMANT & ADDRESS:	
of service No	Mrs.Marcia J. Hoge R. F. D. 1 Cambi	ridge Md.
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	incluraria	842
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		
0		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from I alive on 10 3, and that death occurred at SUCHE SUCKEY	- 1 - 1 - 1	tated above. / E SIGNED
REMOVAL (SPECIFY)	Memorial Park Cambridge, Md.	(
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR SLOCI 6 1955	Kenneth R. Thomas, Cambridge, M	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS. A15

DECENVED 1955

BUREAU V. S.

MI,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEPARTMENT OF MEDICAL EXAMINER EX

09710 Reg. Dist.

No.

DEATH

1. PLACE OF DEATH:	1	2. USUAL RESIDENC	E (HOME) O	E DECEASE	_	
I. PLACE OF DEATH:		a. Obdita Mobileano	E (HUME) U	F DECEMBE	D:	
COUNTY Dorchester	MARYLAND	STATE 4.d.	cour	NTY Do	rche	ster
CITY (If outside corporate limits, write RUI OR and give nearest town) TOWN	RAL LENGTH OF STAY (in this place)	CITY (If outside control or Cambi	orporate limit	s write RUR	AL and g	ive nearest town
HOSPITAL OR INSTITUTION OR 29 Park Lane		STREET ADDRESS 29	Park La	ural, give lo	cation)	7
3. NAME OF (First) DECEASED: (Type or Print)	(Middle) JEAN HO	(Last) OPER	4. DATE OF DEATH	(Month)	(Day)	(Year) 19 55
RACE. WIDO	wed, divorced, y): Widowed Jui	ne 15. 1888	67 65 (State or for	yrs. Mon	ths Days	
13. FATHER'S NAME:		14. MOTHER'S MAID	EN NAME:			
George Travers		Lizz	ie Trav	ers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. Social Security No.: 1	Outie Cor		ambri	lge, l	Wd.
I. DISEASES OR CONDITIONS DIRECTLY LI	EADING TO DEATH:	L CERTIFICATION				INTERVAL BETWE ONSET AND DEAT Instant
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	eading to death: oronary Occlus					ONSET AND DEA
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH.	TRIBUTING TO THE	10n				ONSET AND DEA
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last TO THE SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH STATEMENT OF OPERATION: 19b. MAJOR F	TRIBUTING TO THE THE	10n				ONSET AND DEA Instant 20. AUTOPSY? Yee No.
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Stating underlying cause last TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEA 19a. DATE OF OPERATION: 19b. MAJOR F 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING	TRIBUTING TO THE	21c. (City or town		(County)		ONSET AND DEA Instant
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH CAUSE OF OPERATION: 19b. MAJOR FOR THE PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	TRIBUTING TO THE TH. PLACE (Home, farm, factory, off street, office bldg., etc.,	10n		(County)		ONSET AND DEA Instant 20. AUTOPSY? Yee No.

BUREAU V. S.

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BECENED

DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

	WIINER'S CEI	RTIFICATE OF DEAT	I'H No. 116
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASE	
COUNTY Dorchester	MARYLAND	STATE Md. COUNTY Do	rchester
CITY (If outside corporate limits, wr. OR and give nearest town) TOWN and i lage	ite RURAL LENGTH OF STA	CITY (If outside corporate limits write RUI OR Cambridge	RAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Slacu	m Street	STREET (If rural, give le ADDRESS 4 Slacum Street	ocation)
3. NAME OF (First) DECEASED: (Type or Print) PHILLI		(Last) 4. DATE (Month) OF OCt.	(Day) (Year) 17, 19 55
Male RACE:	WIDOWED, DIVORCED, (Specify): Single Ap:	c. 19, 1955 yrs. 40	nths Days Hours Min.
10a. USUAL OCCUPATION (Give kind work done during most of work even if retired):	d of 10b. KIND OF BUSINESS INDUSTRY:	Maryland	y): 12. CITIZEN OF WHAT
13. FATHER'S NAME: Charles Phil	lip Green	14. MOTHER'S MAIDEN NAME: Katherine Mack	
15. WAS DECEASED EVER IN U.S. ARMED F (Yes, no, or unk.) (If Yes, give war or da	FORCES ? 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:	
no service)	none	Katherine Mack Cambrid	e, Maryland
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE	TLY LEADING TO DEATH: Toxemia To Acute Respira	tory infection	Interval Between Onset and Death 1 day 1 day
stating underlying cause last (c II. OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSIN	S CONTRIBUTING LATED TO THE		
19a. DATE OF OPERATION: 19b. MA	AJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No [
21s. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	21b. PLACE (Home, farm, facto OF street, office bldg., e 1NJURY	c.,	(State)
21d. TIME (Month) (Day) (Year) (H OF INJURY	four) 21e. INJURY OCCURRED While at Not while M. work □ at work □	21f. HOW DID INJURY OCCUR?	
find that death resulted from	n: Natural causes 首, Acc	ribed above, held an Autopsy [], Inspect cident [], Suicide [], Homicide [], UCHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	Indetermined cause .
		ERY OR CREMATORY LOCATION (City, tow	
Burial Oct	10'54 014 84	9 10	INICI.
Burial Oct. DATE REC'D BY LOCAL REGISTI	19'59 Old Fi RAR'S SIGNATURE W Y SALE VI. D	24. FUNERAL DIRECTOR Herbert M. St. Clair Cambridge, Maryland	ADDRESS

DECENTED

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09713 Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 3
					A \$ \$17 a

		. 10
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Dorchester MARYLAND	STATE Maryland county Dorches	ter
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and a TOWN Elliotts #2	give nearest town)
HOSPITAL OR INSTITUTION OR OSTREET ADDRESS Fishing Bay	STREET (If rural, give location)	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Ira Fulton McCi	(Last) 4. DATE (Month) (Day) OF DEATH Oct.	(Year) 28 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday: IF UNDER I YE Months Day	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Water man 10b. KIND OF BUSINESS OF INDUSTRY:	R II. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Wise McCready	Alice Dayton	
(Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: Mrs. Sarah AcCready, Elliott	c Ma
	AL CERTIFICATION	5. 1.0.
Immediate cause (a) Drowning Due to Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		ONSET AND DEATH
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	4	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No Y
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF STREET, office bldg., etc. INJURY	Elliott, Dorchester	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work 1	Suicide. Jumped in Fishing	Bay.
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes [], Accidental control of the remains described from the remains describ		
REMOVAL (Specify):	Cemetery LOCATION (City, town, or cou	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Ruta S. willoughby Last N	ADDRESS lew larket

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

S. A15A - 5 - 53



write the causes of death clearly and legibly.

Physicians: please

age is especially important.

PLEASE WRITE PLAINLY, WITH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()9714

CERTIFICATE OF DEATH

Reg. Dist. No. 166

	307	3		- 2			recg.	D/150. 21	
1. PLACE OF					2. USUAL RESIL	ENCE (HOME	OF DECEASE	D:	
COUNTY	Dorche	ster	20.00	4.370	STATEMary:	land		COUNTY	Dor.
CITY (If	outside corporate lin	nits, write	RURAL LENGTH						give nearest town
13 TOWN and	give nearest town	ambrid	ge 3in day	y piace)	TOWN Viel	na,Md.R.	F.D.		X
IIOSPITAL INSTITUT 67 STREET A	or ion or address Cambri	dge-Ma	ryland Hospi	Ital	STREET ADDRESS		If rural give loc	ation)	1.
3. NAME OF DECEASED (Type or Pr			(Middle) Jones		(Last) iphant	4. DATE OF DEATH:			(Year)
Female	s. Color or	7. SINGI WIDO (Speci	LE, MARRIED, WED, DIVORCED, fy): 100WEQ	10.000	of BIRTH: 1,1915	40	yrs. Month	Days	Hours Min.
10a. USUAL O work done even if re	during most of worldired):	kind of king life,	10b. KIND OF BU INDUSTRY:	SINESS OF	Church	E (State or for Creek, Md.		COL	IZEN OF WHA: JNTRY?
13. FATHER'S	NAME:				14. MOTHER'S MA				
	T.Ir	a Jone	S		Frances	Saunder	5		
15 WAS DECEA	SED EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURIT		INFORMANT & A	DDRESS:			
(1es, no, or un	k.) (If Yes, give war service) NO	or dates of		T.	Ira Jones, 2	Ol Chopts	nk Ave., C	Cambri	ldge
Antecede Diseases of giving ris	ent causes (s) or conditions, if an te to the above cau te underlying cause	se True	то	8	encept				J
Conditions	GNIFICANT COND. contributing to the the disease or condit	death but							
			FINDINGS OF OP	ERATION				1	20. AUTOPSY ?
0									Yes No
21. ACCIDENT SUICIDE HOMICIDE	(,	OF INJU	CE (Home, farm, fac office bldg., etc.)	ctory, street	(CITY OR TO	WN)	(COUNTY)	(STA	TE)
TIME (Mon OF INJURY	nth) (Day) (Year)	(Hour)		While Work,	HOW DID INJU	RY OCCUR?			
22. I hereby alive on SIGNATI	CREMATION, DA	ttended t	that death occur (Degree or title)	red at 8	300 P. from A A A CRY OR CREMATOR Memorial Pa	om the causes	and on the of the state of the	date sta	ted above.
* AREGISTRA		GISTRAR'	S SIGNATURE	10.	24. FUNERAL DIF Kenneth R. T		nbridge.Mo		ADDRESS

VS. A15

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09715

` W = 6	CERTIFICATE	OF	DEATH
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Reg. Dist. No. 176

	34 1	,							
1. PLACE O	F DEATH:		1	2. USUAL RES	IDENCE (HOME	OF DECEASE	D:		
COUNTY	Dorches	ter MARYL	AND	STATE Ma	rvland		COUNTY	Dor.	
CITY (If OR and TOWN	outside corporate lin give nearest town)	nits, write RURAL LENGTH	OF STAY	CITY (If ou	tside corporate li				st town)
HOSPITA	Cambridge	1 da	У	STREET	bridge	(If rural give loc	etion)	/	
INSTITUT	TION OR	dge-Maryland Hospi	tal	ADDRESS	38 Race S		ation;		
3. NAME OF DECEASED	(First)	(Middle)		(Last)	4. DATE OF	(Month)	(Day)	(Year)	
(Type or P		Wesley	P	aul	DEATH	oct.15.1	.955	19	
5. SEX:	S. COLOR OR	7. SINGLE, MARRIED.	8. DATE O	F BIRTH:	9. AGE last	birthday: IF UND			
Male	RACE: White	WIDOWED, DIVORCED, (Specify): Widowed	June 1	1968	gry	yrs. Month	Days	Hours	Min.
10a. USUAL (OCCUPATION. Give e during most of work etired): Carpent	kind of 10b. KIND OF BU	SINESS OR	11. BIRTHPLA		reign country):	COU	ZEN OF NTRY?	WHAT
13. FATHER'S	NAME:	- 1 3 -		14. MOTHER'S M					
	John Par				beth Rees	e			
(Yes, no, or un	ASED EVER IN U.S. ARM (If Yes, give war service)	or dates of		INFORMANT &		S+ C	abasi da	o Ma	
/ no	service, no	none		s Ear John	ISOR, LOO N	ace St. Can	ROLLIGE	e, Mo.	
420		18. MEDICAL CE DIRECTLY LEADING TO DI (a) Card	E A TPRE						Betweer and Death
Anteced	lent causes (s) or conditions, if any se to the above caus	(a) Card DUE TO (b) Card DUE TO (c) Orta	noic o	decorpen	estin	***************************************		2 ut	e
stating th	he underlying cause l	ast. DUE TO arta	noscle	esti le	how D	hoesise		who	um
Conditions	IGNIFICANT CONDI- contributing to the the disease or condit	TIONS death but not							
19a. DATE OF	OPERATION: 19	. MAJOR FINDINGS OF OP	ERATION				1 2	20. AUT	OPSY ?
								Yes 🗌	No 🖳
21. ACCIDEN SUICIDE HOMICID	, ,	PLACE (Home, farm, fac OF office bldg., etc.) INJURY	ctory, street,	(CITY OR T	OWN)	(COUNTY)	(STA	re)	
	nth) (Day) (Year)	(Hour) INJURY OCCURE While at Not	While Work	HOW DID INJ	URY OCCUR?				
22. I hereby alive or SIGNAT	URE CREMATION, DA	tended the deceased from , and that death occur (Degree or title) M. D. TE THEREOF NAME OF Cambr	red at 2	136 Roce	rom the cause ADDRESS Com RY LOCATE	s and on the d	DATE	ted abor	ve.
DATE RE	C'D BY LOCAL RE	CISTRARS SIGNATURE		4. FUNERAL D		<u> </u>	A	DDRESS	3
// REGISTRA	18 1955 J	the pare 1/1	1	Kenneth R.		mbridge Md			
-	17	4	7			THE PROPERTY OF			

VS. A15

BUREAU V. S.

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VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE MEDICAL EXAMINER'S OF DEATH No. 16

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Re	Į.	Di	st.	U

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Dorchester MARYLAND	STATE Maryland county Talbot		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside corporate limits write RURAL and give nearest to OR		
OR and give nearest town) TOWN Dambridge 3hrs15 min	TOWN Easton, Maryland 2/-		
HOSPITAL OR INSTITUTION OR // STREET ADDRESS Eastern Shore State Hospital	STREET (If rural, give location) ADDRESS		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)		
DECEASED: (Type or Print) Stella	Rash OF DEATH Oct. 20 19 55		
THE PARTY OF THE P	8, 1898 (?) 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?		
even if retired): Domestic			
13. FATHER'S NAME: Charles Harris	14. MOTHER'S MAIDEN NAME: Emma Willis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:		
	astern Shore State Hospital Records		
18. MEDICA I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	L CERTIFICATION INTERVAL BETWEEN		
2334	ONSET AND DEATH		
Immediate cause (a) Cerebral embol	us l day		
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, (b) Generalized ar	teriosclerosis ?		
giving rise to the above cause DUE TO stating underlying cause last			
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?		
	Yes 🖸 No 🗌		
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.			
2id. TlME (Month) (Day) (Year) (Hour) 2ie. INJURY OCCURRED OF While at Not while iNJURY M. M. work □ at work □	21f. HOW DID INJURY OCCUR?		
	ed above, held an Autopsym, Inspection , Inquiry, and		
	lent [], Suicide [], Homicide [], Undetermined cause [].		
SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED		
John horce &	M. D. DEPUTY MEDICAL EXAMINER 12/30/55		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Y	24. FUNERAL DIRECTOR ADDRESS		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Y	Mount		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Easton, IId.		

BUREAU V. S.

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MECENZED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5711	CERTIFICATI	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME.) OF DECEASED:
	Tox		Mater Lead of
CITY (If outside corporate limits, write	LE RURAL LENGTH OF STAY		s, write RURAL and give nearest town)
OR and give nearest town)	(in this place)	OR TOWN	· L
HOSPITAL OR	-idg e chrs 6 mos		ral give location)
, INSTITUTION OR	51 . 577 !!	ADDRESS	57
6 STREET ADDRESS EasTern	Shore Shirts	Wa. U	31.
3. NAME OF (First) DECEASED:	(Middle)	(Last) 4. DATE	(Month) (Day) (Year)
(Type or Print) & mes	Bowen TTIC	herds DEAT	
	WED, DIVORCED,	OF FRTH: 9. AGE last bir	thday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
19 1 1 Speci	ared 10	57 138	yrs.
OA. USUAL OCCUPATION (Give kind of work done during most of working life,	OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country): 12. CITIZEN OF WHAT
exercist appearen	tenna 1.1	Marnhan	d 1 U 5 A
13. EATHER'S NAME:	1 1	14 MOTHER'S MAIDEN NAME	. //
Stary 1.13 Kins	hards	Metter de	(sharoon)
. Was Deceased/Eyer IN U.S. ARMED FORCE	87 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Vest no, or mild (If Aes) giv war or hate	es	Hodital Tex	anda Cambrila
1	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
Y DISEASES OR CONDITIONS DIRECT	LY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE	(A) Ceub	- Altsema	whate
	DUE TO		
ANTECEDENT CAUSE, (8) DISEASES OR CONDITIONS, IF ANY,	10 Parks	& Anterior	alo saisa
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO		
	(C)		
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED 1			
DISEASE OR CONDITION CAUSING			
19A. DATE OF OPERATION: 19B. MAJ	OR FINDINGS OF OPERATION	N	20. AUTOPSY?
0			YES NO
21A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH	218. PLACE (Home, farm, fact OF INJURY street, office bldg.,	tory, etc. 21c. WHERE DID (City or t	own) (County) (State)
210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCU	JR?
OF "INJURY M.	at work at work		
22. I hereby certify that I attended	the deceased from Man	114, 1953, to Oct 2. 195	5, that I last saw the deceased
- 1 -		4.40 M, from the causes and	
SIGNATURE	and that weath occurred at	ADDRESS	DATE SIGNED
7-2		0. 1.	MI OTT- LE
12-2-1	Dudge M	.D. Carmyride	REI'N 061.277
23 BURIAL, CREMATION, DATE THE	REOF NAME OF CEMET	0 - 9	(Cyty, town or county) (State)

OCL e 1322
BECEINED

BUREAU V. S.

ATTENDING

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VS A15C 1-55 10M

DATE Det. 24 1955

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

09717

	970	1					Reg. Dis	t. No.	116
1. PLACE OF	DEATH				2. USUAL RESIDE	ENCE (HOME) OF	DECEASE	D	
COUNTY	Dorcheste	r	MARYL	AND	STATE Maryland COUNTY Dorchester			r	
CITY (If outsid	le corporate limits, wri	e RURAL	LENGTH O	STAY CITY (If outside corporata limits, write RURAL and give nearest lown)					
13 TOWN and give	Cambridge		(in this p	eeks	OR TOWN Camb	ridge			12
HOSPITAL OR INSTITUTION OF STREET ADDRESS	Cambridge		d Hospit	al.		Locustusti	eigelfcation		1
3. NAME OF DECEASED	(First)		(Middle)		(Last)		Aonth)	(Dey)	(Year)
(Typa or Print)	Edward	1	Allen	F	Robbins	OF DEATH	Oct. 2	7.195	5 19
5. SEX 6	6. COLOR OR	7. SINGLE, MA	RRIED,	8. DATE	OF BIRTH	9. AGE last birthdey		R 1 YEAR	IF UNDER 24 HRS.
Male	White	(Specify)	larried	Oct 3	12,1898	57 yr	Months .	Deys	Hours Min.
10e. USUAL OCCUPA	ATION (Give kind of ost of working life, ev	work 10b.	KIND OF BUSINES		11. BIRTHPLACE (Steta or for	reign country)	1		N OF WHAT
	ager Count		or industry Stores	-4/10	Cambridge		Ford.	COUN	U.S.
13. FATHER'S NAME	E				14. MOTHER'S MAIDEN	NAME			
	Willis	m E.Robi	ins		Hele	n Henry			
15. WAS DECEASED	EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SEC	URITY NO.	17. INFORMANT 8	ADDRESS	П	2 Loc	cust St.,
Yes, no, or unk.)	J.S.M.C.19	197-1937	219-20-	7089	Mrs.Elizal	beth R.Robb			
			18. ME		RTIFICATION			INTE	RVAL BETWEEN
DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEA	4 .					ON	SET AND DEATH
420. IMME	EDIATE CAUSE	(A)(trem	la					Dooly,
	EDELLI CUOSEISI	(B)							1
DISEASES OR CON GIVING RISE TO TH STATING UNDERLYI	HE ABOVE CAUSE NG CAUSE LAST.	DUE TO CAS	Biar	the	mbase,	neutro	X		416.
	NT CONDITIONS CO	NTRIBUTING /	any.	0	my ares	active of a		-	10ag
	IT NOT RELATED TO T		lmoua	es To	Marcho	(/	Olar
19e. DATE OF OPER	ATION 198	MAJOR FINDIN	GS OF OPERATION	N'				YES	O. AUTOPST?
210. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEATH	21b. PLACE (F OF INJURY stre	loma, farm, fector et, office bldg., atc	y, :.)	21c. WHERE DID INJURY OCC	UR? (City or town)	(Co	inty)	(Stete)
21d. TIME OF INJURY	Y (Month) (Dey)			JRRED t while work	21f. HOW DID INJURY OCC	UR?			
22. I hereby	certify that I a	ttended the de	ceased from O	act 12	19.5J, 10.0C	× 2.7 10 (· · · · · ·	l last sa	u the deserted
alive on	ut sa, 1	9.5.3	and that death	occurred a	8;30 P. from the	causes and on the	date stat مر	ed abov	w the deceased
SIGNATUR	E/WV.	now	Dera	M.D	Canel	DRESS (Street, city, I	own, state)		DATE SIGNED
23. BURIAL, CREMA REMOVAL (SPE	TION, DAT	E THEREOF	NAME OF	CEMETERY OR		LOGATION (City, N	own, or coun	(y)	(State)
Burial	0	ct.29,19	55 Christ	t Churc	h Cemetery	Cambridg	e,Md.		
24. REC'D BY REGIS	STRAR REG	ISTRAR'S SIGNAT	IRE		35 FUNERAL DIRECTOR		1	ADDRESS	
DATE Det. 24	1955	fold Y	hace Yh.	10-	Kennth	K. Leon	av,	ambr:	idge,Md.

BY ANDMITTAGE WITH TO THE METER OF GIVE CHAITSAM " CERTIFICATE OF DEATH or other transfer of the state The exchange of the control of the c AND DATE OF THE PARTY OF THE PARTY. Kee To the property of the second of the second No. 1 .- 12 War and Market and the property of the property of the second of the secon Description of the second of the second · 5501, 12 1101 Det. 29, 2,945 United Children Company Kennetik Hionar

hours after death.

CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DE	ECEASED)	
COUNTY Dorchester	MARYLAND	STATE MB.	COUNTY	Dorch	est.e	יר
CITY (If outside corporete limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this plece)		orata limits, write RURAL as			· ·
X TOWN Woolford	10vrs	Woolford				X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rurel giv	re location)		1
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Mon	nth)	(Dey)	(Yeer)
(Type or Print)		D 1 .	OF DEATH 7	^		
5. SEX 6. COLOR OR 7. SINGLE, A	ARRIED, B. DATE	Robinson OF BIRTH	9. AGE last birthdey	IF UNDER	21 1 YEAR	19 5
f WIDOWEI (Specify)	D, DIVORCED, Widow No.	17 7047		Months	Deys	Hours
10s. USUAL OCCUPATION (Give kind of work 10b	. KIND OF BUSINESS	v. 11, 1867	87 yrs. iign country)	12.		OF WHAT
dona during most of working life, evan if retired Housewife	OR INDUSTRY Home	Madigas		2	COUNT	
13. FATHER'S NAME	110116	Madison N	NAME		USA	
Commol D Hammington						
Samuel P Harrington 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &	own			
						ET AND DEA
ANTECEDENT CAUSE(S) DUE TO	Cere Arte:	hal pen	orhage	Piece	4	da
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Arter	bal pen	or hage	lizes	4	da
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Arter	bral Henri	orfrage	lizes	4	da
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arter	bral pen	orfrage	lizes	4	da
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	A Fter	bral pen	orhage	2 lizes	20.	da.
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 190. MAJOR FINDI 210. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING CAUSE OF DEATH OF INJURY str	NGS OF OPERATION (Home, ferm, factory, real, office bidg., atc.)	Iral Henricological Description of the Property of the Propert	a gevera	lizes (Count	20. YES	AUTOPSY
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDI 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	(Home, ferm, factory, reat, office bidg., atc.) 21e. INJURY OCCURRED While Not while	21c. WHERE DID INJURY OCCU		lizes (Count	20. YES	AUTOPSY NO
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDI 21e. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	(Home, ferm, factory, reat, office bldg., atc.) 21e. INJURY OCCURRED Whila Not whila at work at work	21f. HOW DID INJURY OCCU	IR?		20. YES	. AUTOPSY NO (Stete)
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDI 21e. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) M.	(Home, ferm, factory, reat, office bidg., atc.) 21e. INJURY OCCURRED While Not while at work at work services.	21f. HOW DID INJURY OCCU	0/20 , 195	T., that I	20. YES	AUTOPSY NO (Stete)
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDI 21e. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) M. 22. I hereby certify that I attended the calive on	(Home, ferm, factory, rest, office bldg., atc.) 21e. INJURY OCCURRED While at work at work deceased from	21f. HOW DID INJURY OCCU	0/20 , 195	T., that I I	20. YES	AUTOPSY NO (Stete)
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDI 21e. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) M. 22. I hereby certify that I attended the calive on	(Home, ferm, factory, rest, office bldg., atc.) 21e. INJURY OCCURRED While at work at work deceased from	21f. HOW DID INJURY OCCU	causes and on the d RESS (Street, city, town	T., that I I date stated	20. YES	AUTOPSY NO (Stete)
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDI 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) M. 22. I hereby certify that I attended the calive on	(Home, ferm, factory, real, office bldg., atc.) 21e. INJURY OCCURRED Whila Not while at work at work deceased from	7, 19. S, to	causes and on the d	T., that I I date stated	20. YES	AUTOPSY NO (Stete)

MARYLAND STATE DIRABITMENT OF MALTH-BALTIMORS, 16 CERTIFICATE OF DEATH OCT 27 1955 SELL STAR and the state of t

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

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S'S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09715

9713 CERTIFICA	Reg. Dist	. No. /
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorch	nester
CITY (If outside corporate limits, write RURAL COR and give nearest town) Cambridge R.F.D.3 Cambridge R.F.D.3	OR Combassidate P. F. D. 2	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural	STREET (If rural give location) ADDRESS Rural	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Joseph S. Sch	(Last) A. DATE (Month) OF Oct.12,	1955 (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DA'	TE OF BIRTH: 9. AGE last birthday ir under 1. 13,1862 93 yrs. Months I	KAR IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even inectified Coal Dealer	II. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	S.A.
John Schaffner	Unknown	
15. WAS DECKASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) no none	Frank L. Schaffner, Cambridge F	l.F.D.3
18. MEDICAL CERTIFIC	ATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Marag	teon	1mo
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B) These	mos Obstruction	12mes
STATING UNDERLYING CAUSE LAST. (C) (ASSEMBLY OF THE ABOVE CAUSE LAST.	and the reland	>
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	o-schrasis Generalised	2
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT	ION	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld		ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURE While Not while at work at work	RED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		
alive on Ort 12, 1951, and that death occurred SIGNATURE	() / ./ .) / M.	re signed/
23. BURAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	ETERY OR CREMATORY COCATION (City, town, or larket Cemetery East New Market	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	Z4. FUNERAL DIRECTOR Kenneth R. Thomas, Cambridge, Md	ADDRESS

OCL 17 1955

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GONNELES

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09726

9714 CERTIFICATE OF DEATH

Reg. Dist. No. // d

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL) LENGTH OF	F STAY CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this p	or Town Hurlock - Rural
A HULLOCK - HULLET PALE	August and the August A
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
STREET ADDRESS Bobtown	Bontown
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Ephrian	Smith October 2, 1955
	DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Male RACE: WIDOWED, DIVORCED, (Specify): Widowed A	bout 1876 About 79 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSIN work done during most of working life. OR INDUSTRY:	
even if retired): Day Laborer Farm	Dorchester Co., Maryland U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry Smith	Rebecca (maiden name unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY	No. 17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates Unknown	Delsia Holliday, Hurlock, Md., R.F.D.
18. MEDICAL CERT	
IMMEDIATE CAUSE ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO DUE TO DUE TO	terios clerosis 5 yrs +
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	mile Osychosis 5 yrs
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPE	ERATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, official examiner)	trm, factory. 21c. WHERE DID (City or town) (County) (State) ce bldg., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCC While Not work at work at work	hile 🖳
22. I hereby certify that I attended the deceased from	, 1980, to October, 1953 that I last saw the deceased
	red at ³ : 30 M, from the causes and on the date stated above. ADDRESS M. D. DATE SIGNED
23. BURIAL, CREMATION. DATE THEREOF NAME OF	CEMETERY OR CREMATORY LOCATION (City, town, or county) (State
Burial Oct.6, 1955 Washin	gton Cemetery Near Hurlock, Maryland
DATE DEC'D BY LOCAL BREISTRAR'S SIGNATURE	24 FINERAL DIRECTOR ADDRESS

J.J. Framptom and Son, Federalsburg,

SECELVED OCT 21 1955

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9715

CERTIFICATE OF DEATH

		110		-	4
Reg.	Dist.	No.	1	1	0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorc	hester
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	
OR and give nearest town) TOWN Town Tederals burg - Rural Life	or Town Federalsburg - Rural	_
HOSPITAL OR	STREET (If rural give location	
INSTITUTION OR STREET ADDRESS Eldorado Road	ADDRESS	
	Eldorado Road	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Boyd Hardesty	Speorl 4. DATE (Month) of DEATH: October	(Day) (Year) 6 1955
RACE: WIDOWED DIVORCED	14, 1897 9. AGE last birthday IF UNDER 1 Months 1	
10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): Day Laborer Farm		U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.00216
Henry C . Speorl	R. Matilda Figgs	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes. no, or unk.) (If Yes, give war or dates of service) 213-09-8503	Mrs. Ralph J. Trice, Federals	burg. Md.
18. MEDICAL CERTIFICA		
		ONSET AND DEATH
420.1 (DAYAN	16 VII The Me lacio	M. 11 +
IMMEDIATE CAUSE (A)	ary Minnersis.	Hew mundles
ANTECEDENT CAUSE (S:	ary Thrombosis.	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	Pour	
STATING UNDERLYING CAUSE LAST.		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO)N	20. AUTOPSY?
/		YES NO
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (Cour., etc. INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19	27, 19 , to 10-4 , 1955, that I las	t saw the deceased
alive on 0- 4 . 1957, and that death occurred at SIGNATURE	t 1 A. M, from the causes and on the date	stated above. TE SIGNED 10-6. 33
23. BURIAL CREMATION. DATE THEREOF NAME OF CEMET Burial Oct. 9, 1955 Hill Crest	tery of CREMATORY LOCATION (City, town, o	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	J.J. Framptom and Son. Federals	ADDRESS

BUREAU V. 8.

Reg. Dist.

9702 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

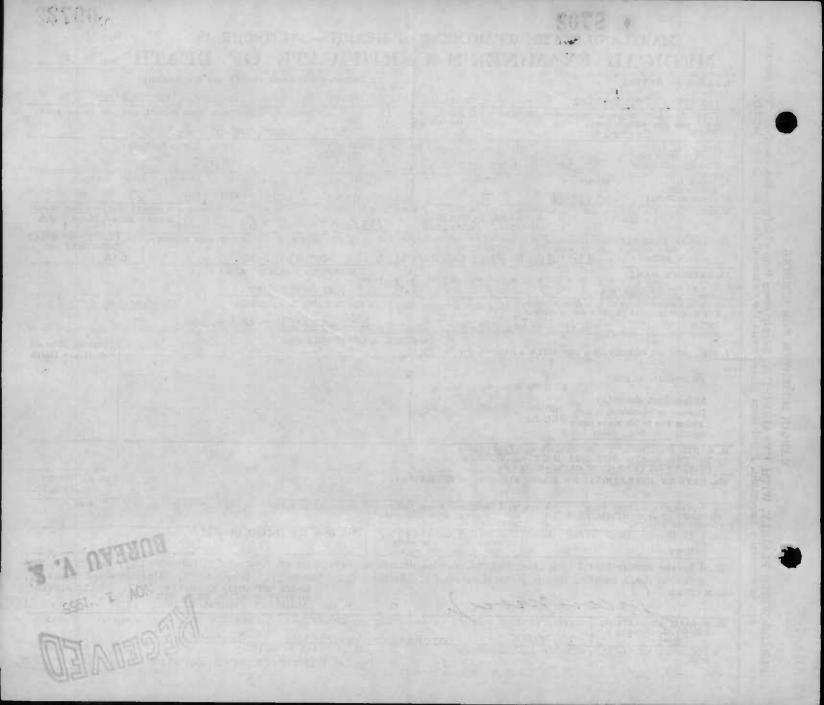
MEDICAL EVAMINED'S CERTIFICATE OF DEATH

MEDICAL MARMINER S CEN	THICALE OF DEATH	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Dorchester MARYLAND	STATE Md COUNTY Dorches	ter
CITY (If outside corporate limits, write RURAL OR and give nearest town) Cambridge CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Cambridge RFD # 2	give nearest town)
HOSPITAL OR	STREET (If rural, give iocation)	/
MINITITUTION OR Acadmey & Muse Sts	ADDRESS RFD# 2	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) Phillip R Ste	ephenson DEATH Oct 27	19 55
RACE: WIDOWED, DIVORCED.	7/11/1893 9. AGE last birthday: IF UNDER 1 YI Months Day	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): US Wild Life Fish Culturalis		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	OA
Eli Stephenson	Mary Binkley	
15. Was Deceased Ever In U.S. Armed Forces? [16. Social Security No.: [Yes, no, or unk.] (If Yes, give war or dates of	17. INFORMANT & ADDRESS: Cambrid	ge RFD #2
yes service) World Warl none	Mrs Isabelle Stephenson	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	occlusion	Jew in.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes 🗆 No 🖰
216. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc INJURY INJURY		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. M. work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes XI, Accisionature	ident [], Suicide [], Homicide [], Undeter: CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mined cause DATE SIGNED Oct. 31, 10
REMOVAL (Specify): 10/30/55 Dorcheste	ery or crematory Location (city, town, or contact Cambridge	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 30 103 () () () () () () () () () (Le Compte Funeral Service	Cambridge

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH age is especially important.

- 5 - 53 VS. A15A



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OR WRITE PLAINLY, WITH

PLEASE TYPE

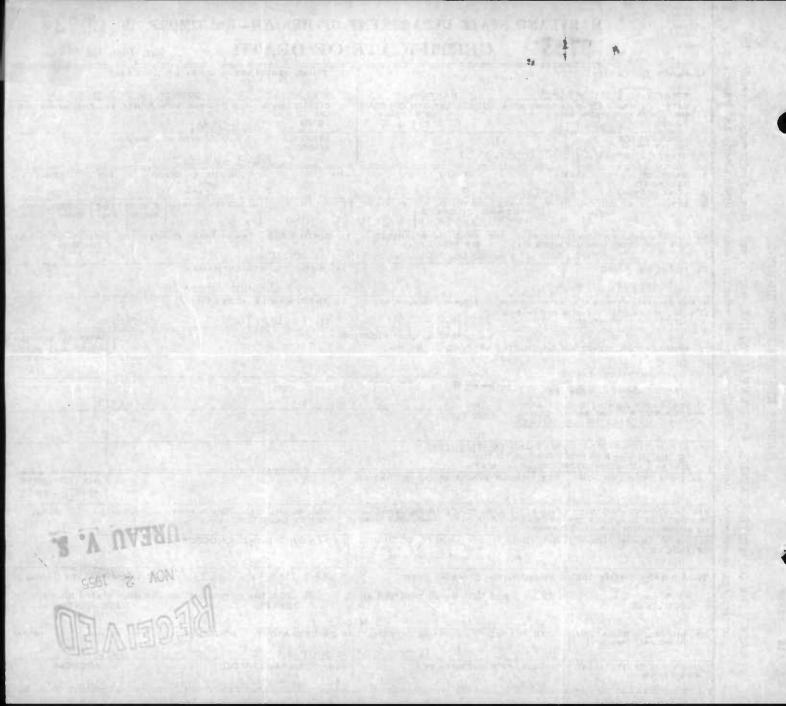
Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9703

CERTIFICATE OF DEATH

			101
Reg.	Dist.	No.	116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
county Dorchester MARYLAND	state Md county Dorch	nester
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	
OR and give nearest town) (in this place) 13 TOWN Cambridge 50 Vrs	OR TOWN Combraides	10
HOSPITAL OR	STREET (If rural give location)	13
INSTITUTION OR	ADDRESS	
OOSTREET ADDRESS 403 Acadmey St	403 Acadmey	
		Day) (Year)
DECEASED: (Type or Print) Charles B Tod	dd OF DEATH: 10	25 19 55
5. SEX: 16. COLOR OR 17. SINGLE, MARRIED, 18. DATE	OF BIRTH: 9. AGE iast birthday IF UNDER	
M RACE: WIDOWED, DIVORCED, (Specify): Married July	7 25 1889 66 yrs.	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of or NIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): retired Waterman	Crochern	USA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William Todd	Melivena Bramble	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
Ves no or unk) (If Ves wire way or detect	Was Trans Madd Cambrid	
unk of service) 214-20-0860	Mr Insley Todd Cambrid	ge
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
		ONSET AND DEATH
IMMEDIATE CAUSE (A) Carceius	ona of largery	11 months
DUE TO	X A	
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	AUGUS AND STREET OF A STREET	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19A. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
May vo 1955 Carcinoma lary		YES NOV
A		(State)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while 3		(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While Not while at work at work		
20 7 1 1	15 710 to 12 10 7 that I los	t caw the deceased
22. I hereby certify that I attended the deceased from 1/20/5/19, to 1957, that I last saw the decease alive on 1957, and that death occurred at 30/2 M, from the causes and on the date stated above. ADDRESS M. D. CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or county) (State		
		0/2 17 1-1-
REMOVAL (SPECIFY)		
Burial 10/27/55 Dorcheste	er Memorial Pk Cambridge, M	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
BAGGISTRAR () ()	T Committee Description	Cambani dana



VS. A15A - 5 - 53

9716
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

097250ist.

DEATH No. //6 MEDICAL EXAMINER'S CERTIFICATE OF

	1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorches	ter
	CITY (If outside corporate limits, write RURAL OF STAY OR and give mearest town) River (In this place)	CITY (If outside corporate limits write RURAL and OR TOWN Cambridge	give nearest town)
0	HOSPITAL OR INSTITUTION OR STREET ADDRESS Choptank River	STREET (If rural, give location) ADDRESS 107 Willis Street	
	(Type of Trint)	odd 4. DATE (Month) (Day) OF DEATH Oct.16,195	5 19
	PACE. WIDOWED DIVORCED	S OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE 25,1912 43 yrs. Months Day	
	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12. Golden Hill, Md.	COUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	John S.Burton	Gertrude Ruark	
	16. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: Camp Pendleton gt. Ronald E. Todd, U.S.M.C.	, California
		AL CERTIFICATION	
-	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) Accidental DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	drowning	INTERVAL BETWEEN ONSET AND DEATH Instant
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
	21s. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory,	, (21c. (City or town) (County)	(State)
	21s. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bidg., etc., INJURY PLYED		Md.
	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work	Nr. Cambridge Dor.	09
	22. I hereby certify that I took charge of the remains describe find that death resulted from: Natural causes, Accidentation and the control of the remains described from the causes, Accident from the control of the remains described from the causes, Accident from the causes, Accident from the cause, Accident from the cause	bed above, held an Autopsy 🗆, Inspection 💆,	mined cause DATE SIGNED 10/18/55
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	morial Park Cambridge, Md.	ADDRESS
	Vit. 18,1955 John Man. Th. D.	Remeth R. Homas, Campridge, Md.	

OCL SO 10CE

BUREAU V. S.

97:7 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09726 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE DEATH OF

I. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY DOTCHES GET MARYLAND	STATE Maryland COUNTY Dorchest	ter
CITY (If outside corporate limits, write RURAL LENGTH OF STATOWN Cinchia place)	Y CITY (If outside corporate limits write RURAL and OR TOWN Cambridge	give nearest town)
HOSPITAL OR CHOPtank River	STREET (If rural, give location) ADDRESS 107 Willis St.	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Woodrow Wilson	(Last) 4. DATE (Month) (Day OF DEATH Oct.16,194	
RACE. WIDOWED DIVORCED.	TE OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y Months Da	
10a. USUAL OCCUPATION (Give kind of work life, work done during most of work life, even if retired) Traveling Salesman for Hardware	OR II. BIRTHPLACE (State or foreign country): 12. Co. Toddville, Md.	CITIZEN OF WHAT COUNTRY?
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Charles M. Todd	Ada Mills	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: Camp Pendleton	.Californa
No service) No 214-07-8365	Sgt.Renald E. Todd, U.S.M.C.	
	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Accident	al drowning	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes [] No []
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factor PRIMARY) or CONTRIBUTING OF street, office bldg., et		(State)
CAUSE OF DEATH. INJURY PIVOR	Nr. Vambridge Dor.	Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 10-15-55 ? M.	Fell from boat	07
22. I hereby certify that I took charge of the remains descr		
find that death resulted from: Natural causes [], Acc		
SIGNATURE Julian more	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	10/18/55
DEMOVAL (Specify)	ery or crematory Location (City, town, or con lemorial Park Cambridge, Md.	unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Kenneth R. Thomas, Cambridge, Md	ADDRESS

BUREAU V. &

9361 06 100

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNFADING INK.

WITH

WRITE PLAINLY,

OR

TYPE

PLEASE

Supply every item of information carefully. The

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	
9794 CERTIFICATI	E OF DEATH Reg. Dist. No. //6	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) TOWN Cambridge 40 yrs	CITY(If outside corporate limits, write RURAL and give nearest town)	
	TOWN Cambridge /5	
HOSPITAL OR Cambridge Maryland Hospital	STREET (If rural give location) ADDRESS 102 Franklin Street	
DECEASED: Henrietta Moore Gootee Willey	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 10 9 19 55	
RACE: WIDOWED DIVORCED.	9/55 9. AGE last birthday F UNDER 1 YEAR HOURS Min. 9/55 9. AGE last birthday Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWILE HOME	Lakesville, Md. USAUNTRY?	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Henry M. Moore	Zora Me Namara	
(Yes, po or unk.) (If Yes, give war or dates of service) 18. Social Security No. 18. Social Security No.	Claude S. Gootee Jr., 102 Franklin St., Cambridge, Md.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HOLD IMMEDIATE CAUSE ANTECEDENT CAUSE (5: DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Meur Jarley 7 day 7 day ?	
DISEASE OR CONDITION CAUSING DEATH	1003	
DIE OF GERATION: 135. MAJON FINDINGS OF GERATIO	20. AUTOPSY?	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (Clty or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?		
OF INJURY OF INJURY M. 21g INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Ruce	, 185, to ast 9, 19 1, that I last saw the deceased	
SIGNATURE Trompson	ADDRESS ADDRESS DATE SIGNED OF CONTROL OF STATE OF COUNTY CONTROL OF COUNTY CONTROL OF COUNTY (State)	
Burial (SPECIFY) 10/12/55. Cambridge		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR LLLL 12 1955 DLD Yall V.	Le Compte Funeral Service, Cambridge, Md.	

A15-10-53 VS.

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